

CHEMIST & DRUGGIST

The newswweekly for pharmacy

February 22, 1992

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Leaflet stands for West Glam

Welsh want continuous DUMP campaign

Rotherham drops gradings for pharmacies


Salford homes: 'Use NPA list'

Commission report slams slimming meals

Spotlight on the PIP code

Research digest: pharmacy update

No smoking: Kiss that habit goodbye



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Comment

The Government has stuck to its usual tactic of announcing its yearly increase in the prescription charge ahead of the "good or ills" it has in store in the Budget. This year it managed to lump the above-inflation increase in with various other dollops of bad news to such effect that February 13 was dubbed "Black Thursday" by the media, and the prescription "tax" item was lost in the general morass.

The *Chemist & Druggist* cartoonist, Martin Honeysett, picks up on the tax angle long pushed by the National Pharmaceutical Association, The Royal Pharmaceutical Society, and Her Majesty's Opposition, but takes it a step further. The notion that some people will be reaching for their credit cards to pay for their NHS prescription is not so far-fetched. The 1991 increase meant that, for the first time, a patient with a three-item prescription got no change from a ten pound note. From All Fool's Day the public will need to stump up £7.50 for two items, £11.25 for three — hardly small change even in 1992.

For the pharmacist thrown into the front line to face patients caught in the prescription poverty trap, the latest increase can only mean a greater number of patients asking for help in selecting the "essential" items on their prescription. As RPSGB David Coleman points out (see p273), such advice

can only be given if the prescribed medicine can legally be supplied without a script: the pharmacist can then delete it from the prescription.

This can place the pharmacist in an impossible position. The only solution is for a doctor to mentally compare the cost of each prescribed OTC medicine with the retail price, advising pharmacy purchase as necessary. A general practitioner can hardly ask the one-sixth of his patients not exempt from charges "What can you afford?" or "Can you come back next week when you're not so ill and won't require so many items?"

The Proprietary Association of Great Britain is right to see the latest increase as an opportunity for the OTC medicines industry and the pharmacist. But any OTC sales "switched" from prescription, although delivering a better percentage profit on return, will usually yield a smaller cash profit because of the dispensing fee and the greater price of script items. However, the pharmacist and the pharmaceutical industry as a whole will be hoping that general practitioners concentrate on treating the seriously ill with the potent range of medicines in their armamentarium, leaving the pharmacist to deal with common ailments with tried and tested over the counter remedies.

West Glamorgan FHSA to pay for leaflet stands

West Glamorgan Family Health Services Authority have agreed to purchase stands to allow community pharmacies to display health education leaflets.

The move is in response to a letter from the National Pharmaceutical Association asking all FHSA's to consider such a move.

Deputy general manager, Terry Thomas, told *C&D* that the FHSA would be prepared to pay for the stands, priced at £60 each plus VAT, for any of the 101 pharmacies

that wanted them.

The Authority is putting only one proviso on the offer, that the stands are used to display health education literature including leaflets produced by the Authority itself.

Currently, West Glamorgan produce leaflets detailing the services available from contractors, and the role of the FHSA together with a news bulletin providing up-to-date information on health news.

Mr Thomas says he has written

to the NPA confirming they will be funding the scheme but the FHSA needs to ascertain how many contractors will take up the offer.

"We are very anxious to support the role of the community pharmacist in the NHS and we feel that the least we can do is meet pharmacists half way if they come up with some good initiatives," he said.

Commenting on West Glamorgan's apparent pioneering approach to funding for pharmacy schemes, Mr Thomas said: "What West Glamorgan does today, the rest do tomorrow." Funding the leaflet stands, training for pharmacy assistants and a continuous DUMP campaign are seen as the way forward, increasing the community role of pharmacists, he said.

The NPA's John Goulding welcomed the news from West Glamorgan. His letter had also brought a response from Stockport FHSA advising that they had reached a deal with a local firm for a smaller stand to be supplied free of charge to pharmacists.

Toxic shock with packs?

The parents of a young girl who died from tampon-related toxic shock syndrome (TSS) have called on manufacturers to label boxes with warnings, according to last Friday's *Independent*.

At present, comprehensive information about TSS is carried on package leaflets, while outer packs advise women to read and retain this leaflet. Jenny Thomas, spokesperson for the Association of Sanitary Products Manufacturers told *C&D* they believe this achieves the balance between giving the right information without unnecessarily frightening consumers.

Ms Thomas says TSS is exceedingly rare. Only 20 cases are recorded a year in the UK across the whole population and only ten of these are menstrually-related out of a possible 14 million.

The ASPM also places emphasis on educating women in the correct use of tampons and personal hygiene. Educating the medical profession on how to spot possible TSS is also important. Early warning signals could be vomiting, diarrhoea, fever, or a rash; in these cases tampon-related TSS should be ruled out.

Meal replacements slammed

Meal replacements have come under fire in the latest issue of the Food Commission's *Food Magazine*.

The widely reported article, entitled "The slimming scandal", gave the thumbs down to these products which it said may be "no healthier than a chocolate biscuit or a milkshake".

It examined 12 products, including Limmits (Scholl), Crunch & Slim (Crookes Healthcare), Slender Plan (Nestle), Body Plan (Reckitt & Colman), and Slimfast (Thompson Medical). These were compared to the EC draft Directive on foods; all fell short on the number of calories per meal (275-400) and few met the criteria for percentage of fat (0-30) and protein (25-50).

In addition to "poor nutrition", meal replacements recommend a weight loss that is too much too quickly, said the article. They are not significantly lower in calories than many snack foods, they encourage unhealthy eating habits and are expensive for their content.

With the £20 million meal

replacement sector the fastest growing in the slimming aids market, manufacturers were said to use the "successful marketing strategy" of persuading slimmers to keep eating the product once they have reached their target weight.

A Scholl spokesman dismissed the Food Commission's survey as "a whirlwind piece of publicity that would be forgotten in a week's time". He says the Commission is trying to influence the proposed amendments to the draft Directive that the Ministry of Agriculture, Fisheries and Food will be discussing in Brussels. Pharmacists should be reassured that they are not selling substandard products, he says. "They fully comply with UK law and have been shown to be a useful aid in slimming."

This is echoed by Sarah Giles, brand manager for Crunch & Slim. She feels the report is "premature", since the proposed EC legislation is still subject to debate. "However, should this proposed legislation be passed, we will of course comply with all the EC recommendations," she says.

Beta-agonists do not cause asthma deaths, says CSM

The Committee on Safety of Medicine's working party, set up to investigate the safety of beta-agonists in the treatment of patients with asthma, has concluded that they are not casually associated with asthma mortality.

The report's conclusions are due to be published in the next edition of *Current Problems*. Doctors and pharmacists will be told that the "appropriate use" of beta-agonists improves quality of life, and that clinical studies indicate that the differences in asthma control between regular and on-demand

use is not marked and is of uncertain clinical importance.

The Working Party calls for steps to be taken to ensure that the information on Data Sheets is reasonably uniform, to assist prescribers in the effective use of beta-agonists.

Allen & Hanburys welcome and fully agree with the CSM's interpretation of data and conclusions, and will be entering into discussions with the Medicines Control Agency with a view to examining the Data Sheets for Serevent and Ventolin.

Bradford pharmacy to 'put shutters up!'

Another pharmacy in Bradford has been ordered by Bradford Council to remove its security shutters, even though the Council approved them just two years ago — and even paid around half the cost!

Bardchem pharmacy in St Mary's Road, Manningham, is around a mile and a half away from a pharmacy in Park Road that has also been asked to remove its shutters (*C&D* February 1, p160).

Bardchem's owner says he installed the metal shutters, along with an alarm and new locks, two years ago following a letter from the Council designating the area as "inner city" and urging shops to protect their premises. Although he did not seek planning permission, the Council approved the security measures and reimbursed him for half the total cost.

Then last October the Council wrote to him ordering the shutters to be removed — the outside shutter box is said to be unacceptable as the pharmacy is in a conservation area. An inner shutter box is suggested. "A shutter is a shutter," says the owner, who does not wish to be named. "It's like taking the guards away from Buckingham Palace or the minders from the Queen."

He has written to the Council asking that the matter be allowed to rest under the circumstances, attaching copies of the correspondence he received from them two years ago. He has not received a reply.

Bradford LPC secretary Richard Hazlehurst wrote to the Council's planning committee on January 25, asking for an immediate amnesty for pharmacies who install shutters. He has not received a reply either.

"We are hoping to arrange an informal meeting with a view to seeking a solution that is satisfactory to all concerned," says Mr Hazlehurst. The LPC sees the situation as a potential problem for all pharmacies — there are 103 contractors in the Bradford area.

Scottish statistics

Pharmacists in Scotland dispensed 3,662,836 prescriptions in August at a gross cost per item of £7.61 (£7.12 net). In September, 3,515,699 prescriptions were dispensed at a gross cost per prescription of £7.52 (£7.04 net).

NI statistics

Prescribing statistics for Northern Ireland in November 1991 show that a total of 1,359,619 prescriptions were dispensed on 823,118 forms. The total gross cost worked out at £10,871,994.73 (net cost £10,471,858.93). The gross cost per prescription was £7.99.

Swiss say 'No'

Voters in Switzerland have narrowly rejected a referendum to ban animal experiments for cosmetics and agro-chemicals and to restrict significantly those conducted for medical research.

Government defends script tax rise

John Major, the Prime Minister, has strongly defended the rise in prescription charges to £3.75 per item — due to take effect in April. Replying to criticism by Labour and Liberal Democrat MPs in the Commons on Tuesday, he said the growth in the number of patients entitled to exemption from charges meant that the number actually required to make any payment had "shrunk and shrunk". Mr Major said: "There are 100 million more free prescriptions this year than there were at the time of the last Labour Government."

Robin Cook, Labour's Shadow Health Secretary, confirmed that a Labour Government would end the GP budget holder's scheme introduced as part of the Government's NHS reforms. He claimed that it would lead to a "two-tier" NHS.

A new policy document published by the Labour party advocates the provision of more services outside the hospital system through the establishment of Community Health teams.

Other proposals involve the Department of Health being retitled the Department of Health and Community Care and the merging of family health services authorities and district health authorities.

Consumer safety aid

Grey cards — a feedback system for patients to report "unsafe policies or practices" relating to medicines has been proposed by the independent company, Sodial Audit.

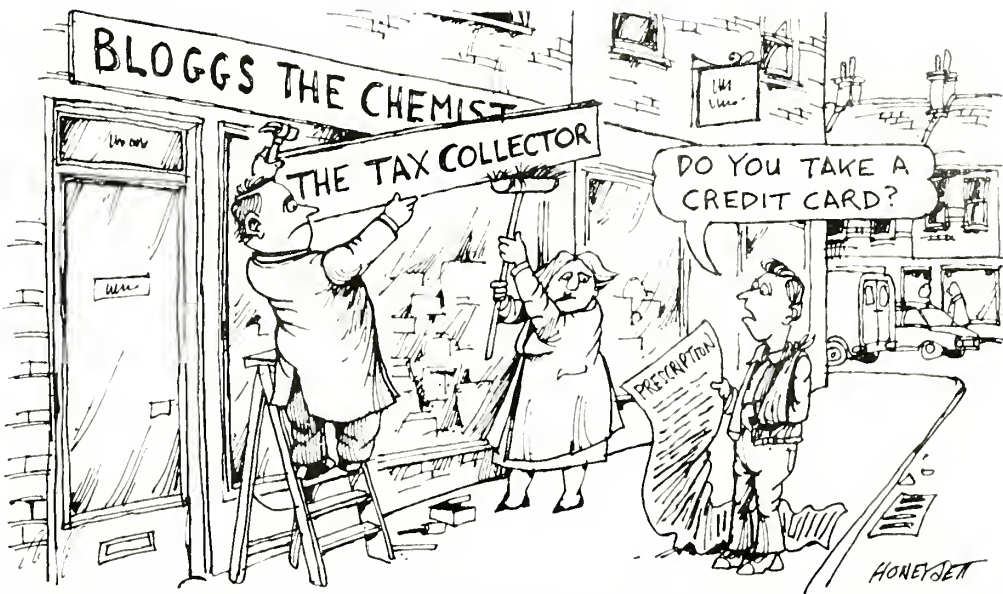
"Just as yellow cards may help spot adverse drug reactions, so grey cards might help identify unsafe policies and practices," says the group.

On one side of the card, consumers are asked for a quick response to a number of propositions including "The quality of drug prescribing is not nearly good enough" and "The pharmaceutical industry can be relied upon to put its own house in order".

In addition spontaneous reporting is encouraged, allowing consumers to identify any issue relating to the safety of medicine.

Social Audit say they will monitor the scheme for at least a year, analyse the cards, and report back on their findings.

The proposals come in a publication into the safety of medicines — "Power and Dependence" by Charles Medawar. In it, he claims that around 10,000 hospital beds are occupied each day in Britain by people suffering from drug side effects.



Society fears results of new script charges

The Royal Pharmaceutical Society has warned that the 35p increase in prescription charges, which is to take effect from April 1, may mean that some patients will not receive the full treatment prescribed for them by their medical practitioner.

"We are aware of a section of patients on low incomes for whom prescribed medicine is now something of a luxury," says Society president David Coleman. He cites reports of patients asking pharmacists not to dispense one or more items from a prescription because of prescription charges.

"An unfair tax on the sick" is how Colette McCreedy of the National Pharmaceutical Association described prescription charges. "There's something seriously wrong when a pregnant millionaire is exempted from charges, but someone with an income just above the social security level has to pay," she says.

The British Medical Association

also struck out against the increase saying that many of the most vulnerable patients would be deterred from seeking medical treatment. The BMA says, "The Government should not be seeking to prop up the NHS by increasing health charges. It should face up to its responsibilities and fund the NHS adequately from taxation."

The latest increase means that a single item will now be £3.75 — an increase of 1,875 per cent on the 1979 charge of 20p. The increase will raise a further £240 million for the NHS; almost 11.5 per cent of the total £2.1 billion drugs bill for 1990-91.

Annual pre-payment certificates will also go up by 10.3 per cent to £53.50 and there will be a rise in charges for elastic stockings, tights, fabric supports and wigs supplied through the hospital service. All increases will apply throughout the UK.

The Proprietary Association of

Great Britain says that prescription charges need not be a headache. "For everyday minor ailments, over-the-counter medicines are cheaper than the prescription charge. Consumers should therefore consider consulting a pharmacist, who will be able to recommend treatments that are as effective as anything the doctor can prescribe for minor ills," says the PAGB.

Defending the increase, Health Minister Virginia Bottomley said that no child, pensioner, or any person on income support, would be affected by the increase and that only one dispensed item out of every six incurred a prescription charge, compared with one in three when the Government came into power.

She also announced that from April 1 there would be a 9.5 per cent increase in the overall value of optical vouchers, and that charges made to patients for the use of oxygen concentrators in the home would be discontinued.

Welsh Glamorgan funds continuous DUMP campaign

A report being produced following November's DUMP campaign in Wales is expected to call for continuous action against unwanted medicines rather than periodic campaigns.

Meanwhile, West Glamorgan Family Health Services Authority have announced that, from early Spring, they will be funding just such a service for local pharmacy contractors.

Terry Thomas, deputy general manager at West Glamorgan FHSA, told C&D that the Authority recognised that if pharmacists were prepared to collect unwanted medicines then the FHSA had a part to play by funding collection and disposal.

Initially collection will take place once a quarter but the demand for the service will be reviewed.

Commenting on the Welsh DUMP report Peter Jenkins, pharmacist member of Mid-Glamorgan FHSA, told C&D that one of the problems with periodic campaigns was that the problem was left to accumulate before it was solved. "An on-going campaign makes more sense," he said.

The detailed report, due to be presented to the Welsh Pharmaceutical Committee in the next few weeks, is understood to recommend that the campaign should not be repeated in the November format. Instead, alternative methods for providing a

collection service on a continuous basis should be appraised.

The report is thought to stop short of putting forward firm proposals on how the scheme should be organised and funded.

Over 12.5 tonnes of medicines were collected during the Welsh campaign, with prescribed medicines accounting for around one third. A third had been dispensed during 1991, another third during 1990 or 1989, with the remaining being issued in 1988 or before.

Mr Jenkins praised the co-operation between environmental health officers, district councils and community pharmacists which had made the campaign a success.

Rotherham FHSA drops plans to grade pharmacies

Following opposition from local contractors, Rotherham Family Health Services Authority looks unlikely to continue with a suggestion to grade pharmacies with gold, silver and bronze awards linked to the services offered.

However, the Local Pharmaceutical Committee has said that while it objects to any grading system, it would be supportive of any scheme to improve patient care, provided it was carried out in a sensible manner.

Rotherham LPC secretary John Moran, told *C&D* that the Committee is committed to building a good working relationship with the FHSA. These particular proposals, which applied to all professions, had come as part of the FHSA's response to the Citizen's Charter, he explained. The FHSA feels that healthcare professionals should achieve certain standards and be seen to be making an increasing contribution towards care in the community.

However the FHSA will not be continuing with proposals that pharmacies, like hotels, should be given a "star" rating. Mr Moran believes that the FHSA did not realise the extent to which the profession is already under scrutiny from the Society's inspectors.

The LPC also pointed out that facilities and services offered by pharmacies varied depending on the needs of their customers and the location of the pharmacy.

However, if the FHSA thinks it would be in the patients' best interests to have a little more space

for health education leaflets, for example, the LPC would welcome such comments, said Mr Moran. The move was not meant to be a witch hunt and contractors should not view it as such, he added.

Discussions are still at suggestion stage and the LPC have yet to receive full details of how any

scheme would operate. However, Mr Moran said that the FHSA had been impressed by the profession's basic standards.

The proposals will be up for discussion at the next meeting between the LPC and FHSA, due to take place within the next two to three weeks.

NPA homes checklists to be used in Salford

Salford Family Health Services Authority are to make it a requirement that pharmacists providing advice to residential homes should use checklists devised by the National Pharmaceutical Association.

There are two forms, one to be completed on the pharmacist's first visit, and the second for repeat visits. These provide a list of questions that the pharmacist should ask, as well as recording information about the home.

Salford FHSA's pharmaceutical advisor Jane Law says they intend to put together a package, including two copies of both NPA forms, which will be sent out to contractors who contact the FHSA about residential homes. The scheme will be implemented once the FHSA has the agreement of pharmacists already providing advice to homes.

The scheme was devised because Social Services had refused to let home managers sign the forms which allow pharmacists to be paid, Ms Law explains. The checklists will be left at the homes and will be monitored by the inspection team.

NPA head of information Mary Allen welcomes the use of these checklists as the beginning of standards. "It will ensure some uniformity of standards in pharmacists visits to residential homes," she says.

"Now that FHSAs are starting to monitor the services that pharmacists are providing, these forms are a good record of what pharmacists have done and seen and the fact that they've been. It makes it easier for the monitoring pharmacist, whoever that is, to have evidence that requirements are being met."

Locum work 'a passport'

Pharmacists should view locum work as a "passport to many different branches of the profession" and not simply as a means of earning a lot of money in a short time, says Mark Koziol, managing director of Provincial Pharmacy Services.

Mr Koziol was speaking at the British Pharmaceutical Students' Association's pre-registration conference in Birmingham on February 8-9. He challenged all pharmacy graduates to assess their own suitability as locum pharmacists.

"Every pharmacist should be a locum for at least six months," says Mr Koziol, but not before they had gained the confidence to take full control of a pharmacy and all that this entails.

Also at the conference, which aimed to give pre-registration graduates advice on career choices, Christine Clark, director of pharmacy, Hope Hospital, Salford, highlighted the problems of transferring patients from secondary to primary healthcare. Shared care was not about cost-shifting but about improving the quality of patient care, she said.

Ms Clark encouraged the practice of clinical pharmacy in all branches of the profession where work pertains to patients.

Other speakers included Gordon Appelbe, RPSGB Council member and former head of the Law Department, who spoke about the job of a Society inspector.

Taking the waters?

Preliminary clinical trials with a Welsh spa water appear to show beneficial effects for patients suffering joint and skin conditions.

The double blind trials compared Spatone Plus water with de-ionised water. All subjects took 10ml three times daily for a period of two months.

Fourteen patients with psoriasis and eczema took part. Of these, 80 per cent of the Spatone Plus psoriasis group reported improvements as did all the eczema group. Of those taking the placebo water, 33 per cent with psoriasis and 71 per cent with eczema said their conditions improved.

Of the 32 patients with joint conditions, 61 per cent of the Spatone Plus group and 29 per cent of the control group reported improvements.

The water, from Trefriw Wells Spa, has passed all the criteria in Germany to be licensed for iron deficiency anaemia.

Wellcome respond to Retrovir criticism

The role of Retrovir in the fight against AIDS and HIV infection received a heavy dose of criticism in *Dispatches* on Channel 4 last week.

The programme alleged that Wellcome are making false and misleading claims about the drug in this country — *Dispatches* has since submitted a dossier to the Medicines Control Agency to this effect. Wellcome-Burroughs in the US declined to be interviewed for the programme.

Dispatches featured an assortment of medical experts in the USA who remain sceptical about the drug's efficacy and safety. The original clinical trials came under fire, with suggestions that some patients "unblinded" themselves from the double-blind trial, and shared supplies of Retrovir with those given placebo.

The programme criticised Wellcome's GP promotional booklet in the UK, which claims there are no life-threatening toxicities associated with Retrovir. But some experts believe lymphomas are now developing in AIDS sufferers as a result of the drug rather than because patients are living longer. The high doses often used in these patients affect

bone marrow cells and up to 30 per cent of patients need a blood transfusion, says *Dispatches*.

And Dr Robert Hoffman, professor, cancer biology, alleges Retrovir presents a double danger by preventing cells multiplying and possibly leaving other cells cancerous.

Dr Peter Duesberg, molecular biologist, said: "It is like trying to kill one terrorist in a city of 200,000 by putting poison in the tap water."

"It is beyond me how a drug that is claimed to inhibit virus replication can be a suitable agent for treating AIDS or HIV, because the immune system does a very good job of keeping virus replication at low levels," said Dr Harvey Bialy, science journalist.

Wellcome claim that Retrovir prolongs life and improves quality of life. But Dr John Hamilton, who has conducted a trial on 338 patients, said early therapy gave delay in progression to AIDS but no difference in survival. Cass Mann, volunteer counsellor to Positively Healthy in London, says he has never seen an improvement in quality of life long term.

"We've never claimed that Retrovir is a cure," Rosemary

Hennings, spokesperson for Wellcome told *C&D*. Even in asymptomatics, only time will tell if it will increase survival, she says.

Ms Hennings says the programme had a "very, very negative overtone", presenting a confused message which is of no help to either patients or GPs. "One of the worrying things about a programme that purports to give all the facts is that they are selected and edited," she says.

The company has already sent a letter to doctors pointing out that although there are now almost 4,000 reports on Retrovir, the programme featured only two. And more than 20,000 patients have been involved in clinical studies. As the spectrum of Retrovir's use has extended, all data has been analysed at least three times by major regulatory authorities.

Ms Hennings says Wellcome do not want patients to take Retrovir without knowledge of all the facts: the company has recently launched a patient information booklet.

Wellcome have received a letter from the MCA following the dossier from *Dispatches*; the company says it feels confident about the data in the dossier and will respond.

PIP Code goes seven digit

The PIP Code carried in the *C&D Price List*, and used extensively by manufacturers, wholesalers and pharmacy retailers, is going from six to seven digits from March 1.

The codes of all existing products will be prefixed with a leading zero.

From April 1 existing wholesalers' codes starting with the digit six will be changed to start 06. No new numbers will be issued within this range which will be phased out over a period of 12 months. New seven digit codes starting with seven or eight will be reserved exclusively for wholesalers' domestic requirements.

New seven digit codes beginning with a nine are to be reserved for retailers' own domestic use. The presentation of the seven figure code will be in the form "0123456". The present modulus 10 check digit calculation will be retained.

PIP Code administrator Brian Dossier says: "We appreciate that there will be a certain degree of inconvenience involved in changes to computer programmes to enable them to convert to the seven digit code, but we are convinced that the benefits of product identification made possible will be of long term advantage to retail pharmacies."

Kolanticon recall...

Marion Merrell Dow are asking pharmacists to withdraw from sale the following batches of Kolanticon gel: AA 0891 and AB 0891 (both 200ml) and AC 1191 (500ml).

This follows some reports of increased viscosity leading to difficulty in pouring. Pharmacists should contact their wholesalers about returning affected stock.

...and Almodan

Berk's Almodan oral suspension 125mg/5ml (PL 0790/0050, BN 19152, expiry date October 1993) has been recalled due to the discovery of inert, black, particulate matter in some bottles.

Pharmacists are advised to contact the customer services manager for replacement/credit and uplift on 0532 524444.

'No' to tests

The European Parliament has voted in favour of a ban on the use of animals to test cosmetics and toiletries. The proposals have been referred to the Environment Committee for further negotiations with the European Commission.



Beware of strangers bearing gifts

I am beginning to understand how the "natives" of the last century must have felt when the heads, bangles and baubles brigade descended upon their villages and distributed their worthless goodies in a cynical attempt at capturing their allegiance. Today's counterparts of those ancient adventurers are the representatives who bombard me with gifts of scratch pads, torches, coin caches, paper clip holders, prescription signing boards, mini staplers, stick-it pads and — I almost forgot — ball point pens by the hundred!

These magnificent gifts, full of eastern promise, are produced during the sales spiel, like rabbits from hats, the quantity being directly proportional to the anticipated value of the order. I am weighed down with a multitude of office irrelevancies when what I really want is good old fashioned service and co-operation.

We do, however, live in a climate of harsh realities when glittering prizes of little intrinsic value can no longer influence the buying decisions of this hard headed business man.

Occasionally I see a rep who has been given enough flexibility by his company to negotiate original bonus deals, and then I thrill to the challenge of the market place. I would much rather admire my unique promotion, selling well to an appreciative public, than marvel at the sight of the magnetic paper clip holder entertaining the staff by deftly capturing the metallic prey flicked in its general direction across the dispensary!

Practising the 'real' pharmacy in a sterile environment

As time goes on community pharmacy will have to face the reality of the provision of all primary health services from one centre and that must include pharmacy. Unlike the other members of the primary health team, however, pharmacy is an independent profession and it is essential that this independence is maintained when its practice is established within a health centre environment. The Royal Pharmaceutical Society's Council has now faced that problem head on and, at its last meeting, agreed to consider the implications by setting up working parties to consider possible models for development of pharmaceutical practice (*C&D* February 15, p238).

One of the strengths of community pharmacy has always been its human face operating in the more comfortable surroundings of the High Street in close proximity to other, not necessarily health-related, community services. This unique balance of business and professionalism has enabled pharmacy to establish a rapport with the patient which is complementary to that of the medical profession, but difficult to replicate in the sterile environment of the consulting room.

If we are to bow to pressures to practise from within the confines of health centres, and I agree that these forces are inexorable, then we must ensure that the unique service we offer, which is

appreciated by the patient, is not subordinated by the clinical atmosphere of a "primary health care hospital". It must be made clear that community pharmacy is a *community* service, and in laying down guidelines, Council must ensure that the ability to practise and be confidently consulted by the patient survives these changing conditions.

Guide needed for NHS labyrinth

By many pharmacists' standards I am now long in the tooth and either considered to be "on the way out" or treated with the deference due my obvious maturity! Either way I should have been around long enough to understand the complexities of, in particular, the machinations of the National Health Service — but it still resembles a Medusa in disguise. As I unravel one problem two become revealed, thus compounding the complexity rather than producing clarification.

If I find this dizzy world of confusion difficult to understand, the task of the fresh, young graduate straight out of college must seem unsurmountable. At a branch meeting the other day I was talking to one such starry eyed enthusiast who, as the conversation developed, visibly wilted at the volume of unfamiliar explanations being used to answer what had appeared to her to be a simple question.

She will learn and prosper, but many will give up the unequal struggle to understand, because all the information available in official publications seems to assume that the reader is familiar with the technicalities of the writer's subject.

The Pharmaceutical Services Negotiating Committee has recognised this problem in the relationship of pharmacists with other members of the health service by producing an excellent explanatory booklet for lay people entitled "Pharmacy in the Community" (*C&D* February 15, p239). I would now like to see them complement this by a similar publication presented to all new graduates explaining simply the complex structure of the NHS and, in particular, its regulatory and advisory functions as it directly affects the young pharmacist seeking a career in the community.

Topical REFLECTIONS

Counterpoints

Roche target Kylie at two to 11 year olds

Roche are launching Kylie pants for children. Aimed at two to 11 year olds they are suitable for toilet training, for children attempting to stay dry at night, and for those with light enuresis problems or who are currently using intermittent catheterisation.

The pants — a modification of the existing adult product — look like any other, say Roche. The hide-away absorbent strip is stitched into the gusset. A hydrophobic polyester top layer prevents wetness seeping back out from the highly absorbent rayon layer beneath, which soaks up the urine to prevent tell-tale wet patches.

The Kylie pants for children come in four sizes for 2-4 years, 4-6 years, 6-8 years and 8-11 years, all priced £6.61.

The launch is being supported by advertising in selected women's magazines from now until May. Information on the new product will also be forwarded to all members of the Association for Continence Advice. **Kylie-Kanga Division, Roche Products Ltd. Tel: 0707 328128.**

Pampers payout pack

Wasp Marketing have further copies of the Pampers payout pack (C&D last week), offering pharmacists the chance to win a Vauxhall Nova GSi.

The envelope also includes details of a consumer competition where entrants can win a Vauxhall Nova GSi or one of 10 Panasonic VHS camcorders. Every consumer who takes part will receive a 50p Pampers coupon which can be redeemed in independent pharmacies or grocers.

Point of sale colourful posters, shelf cards and entry leaflets are provided in the envelope. For packs and further details, ring Freephone 0800 289960.



Yardley bring Aspen male fragrance to the UK market

Yardley have brought the successful US male fragrance Aspen to the UK. It will be exclusive to Boots for 12 months, after which plans are already set for distribution through independent pharmacies and other outlets.

Produced by fragrance house Quintessence, Aspen is the number three brand in the mid-market sector in the US three years after its launch. It is a fresh blend of citrus and woody notes, evoking the scent of the outdoors. Yardley believe it will appeal to 18-30 year old "new men".

Named after the fashionable Colorado ski resort, it is presented in a faceted green glass bottle embossed with the Aspen leaf and topped with a brushed copper cap.

The range includes aftershave (59ml £10.95, 118ml £14.50), cologne spray (59ml £11.95, 118ml £15.50), stick deodorant (£4.95), deodorant body spray (150ml £2.95).

Yardley Lenthic. Tel: 0276 62181.



Tisserand packaging

Tisserand say they are the first aromatherapy company to have their products' pack copy sanctioned by the Medicines Control Agency.

They say that the MCA paid particular attention to the on-pack information to bring it in line with the Medicines Act of 1968 and to ensure that the wording

was not ambiguous or inappropriate. For example, their stress relieving bath oil will now be soothing bath oil, as stress is deemed a medical condition.

New packaging copy will be sent to stockists later in the year, say **Aromatherapy Products Ltd. Tel: 0273 412139.**

Canadian Skincare Plus hits UK shelves

Jedmon Products have launched the Canadian Skincare Plus range to the UK market.

The range comprises lightly fragranced creams and lotions, all of which are water-based. Included in the range are aloe vera cream, apricot facial scrub, vitamin E cream, cocoa butter, collagen elastin cream, cold

cream make-up remover and jojoba cream. Aloe Vera cream comes in 2oz trial size or 16oz tub (£1.99). The lotion comes in 2oz and 12oz bottles.

Outers containing 48 mixed product packs are available. They can be used for display. **Jedmon Products (UK) Ltd. Tel: 0354 56609.**

Samuel Par in UK market

Bioconcepts are launching the Samuel Par range of products for problem skin to UK pharmacies and health food outlets.

Marketed under the name Formule B, products include Formule B spot pen (£4.49) which contains a blend of seven essential oils and herbs. **Bioconcepts. Tel: 0705 678131.**

A&D set the balance

A&D Instruments have introduced the UC-300 precision health scale (£139), which offers 0.05kg accuracy. Other benefits include an anti-slip design and comparison between present weight reading and the last reading.

It is battery powered and comes in two versions, with a choice of display in pounds or kilograms. **A&D Instruments. Tel: 0235 550420.**

T-Gel gets new TV campaign

Neutrogena are supporting their T-Gel shampoo and conditioner with a £500,000 television campaign which runs for the next six weeks.

The company is extending support for its Norwegian Formula handcream with a Press campaign in women's magazines plus sampling. **Neutrogena Ltd. Tel: 071-821 1984.**

Trouble shooters

Two additions to the Annemarie Borlind skincare range are the U Ultra Stick and U Ultra Gel.

U Ultra Stick (£6.95) is an antibacterial liquid containing herbal extracts. The new U Ultra Gel (£8.95) is an oil-free moisturiser which is said to help eliminate spots and blemishes. **Natural Flow Ltd. Tel: 0435 882482.**

NOW EVEN MORE ORANGEY



New Fybogel Orange now tastes even more orangey, making it even more attractive to your regular customers. And as ever, natural, pleasant-tasting Fybogel Orange gently relieves the discomfort of constipation, as it restores bowel regularity.¹

Ispaghula Husk BP

A GENTLE START TO NATURAL REGULARITY

Indications: Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children 6-12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25. **PL No.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. **Reference:** Data on file, 394 Patient Study, Reckitt & Colman Products (1989) RME35003/012. Fybogel and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Further information is available from Reckitt & Colman Products, Hull HU8 7DS.



Silvikrin Active Care gets two in one shampoo

Counterpoints

Smithkline Beecham have added a two in one shampoo/conditioner to their Silvikrin Active Care range, aimed specifically at female consumers.

The two in one shampoo comprises four variants: Mild Herbal for frequent use; Hint of Almond for dry-treated hair; Peach and Papaya for normal hair; and Hint of Coconut for fine/flyaway hair. The company claims the shampoos will not leave any residue in the hair.

There will be two sizes — 200ml (£1.19) and 300ml (£1.69). The Silvikrin Active Care range will be supported by a Press campaign in women's magazines.

Smithkline Beecham Health & Personal Care.
Tel: 081-560 5151.



Spring support for Garnier

Garnier are stepping up support for their brands this Spring. From March 25 Gfarc will be advertised on television in a five-week campaign across all regions. The commercial focuses on the range of mousses, including new Waving Mousse. Consumers will be offered a free styling tool set with any two Gfarc purchases.

Duo Tan Facial Bronzer will be supported by a Press campaign in women's magazines, which will include a free sample.

From March a 15ml trial size of Synergie Daily Moisturiser will be available (£0.79). **Garnier. Tel: 071-937 5454.**

Swisscare additions

Givenchy have added a gentle cleansing milk and a gentle toning lotion to their Swisscare range.

The cleansing milk (200ml £11) is detergent-free and non-oily. It contains plantain extract, wild pansy extract and vitamin E.

Gentle toning lotion (200ml £10) combines moisturising agents with a conditioning agent. It is a lightly fragranced, alcohol-free formulation and contains plantain extracts and vitamin E. It can be used on the eye area.
Parfums Givenchy Ltd.
Tel: 0932 245111.

Silkience TV support

Nobel Consumer Goods are supporting their relaunched Silkience range with a new £1.1 million television campaign.

The commercial will run until the end of May.
Nobel Consumer Goods.
Tel: 0793 513600.

Jolen add strip wax

The Jolen range has been extended with the addition of strip wax and facial strip wax.

The pre-coated wax strips are said to have extra adhesive to cope with all hair types. Instruction leaflets are included, with advice for use on different areas of the body. The strips retail at

£3.95 for 36 strips and the facial strips at £2.25 for 16.

Jolen do not recommend use of the product by the elderly, diabetics, those with loose, cut, chapped, scarred or sunburned skin, and those with varicose veins, eczema, warts or moles.

Brodie & Stone. Tel: 071-278 9597.



Coty have added a new variant, Vertige, to their range of bodysprays. The new fragrance replaces Amalitsa. Vertige is a blend of bergamot with orange flower, ylang ylang, mimosa and clove. It will retail at £1.89. **Beauty International Fragrances Ltd. Tel: 0491 33333.**

Labello TV campaign

Smith & Nephew are advertising Labello lip care on TV for the first time. The commercial runs until the

end of March and is targeted at young women, say **Smith & Nephew. Tel: 021-327 4750.**

Cash prize winners with Crookes

"Get it right at point of sale and reap the profits" — that is the winning message in Crookes Healthcare's £55,000 Mystery Shopper cash bonanza.

The latest 100 cash winners also have the chance to win the £5,000 grand prize so congratulations to:

Mrs H Woodruff, Moorland Pharmacy, Glossop, Derbys.
Mrs A R Birch, Foundry Chemist, Hayle, Cornwall
Mr B M Swan, West Midlands Coop, Wolverhampton
Mr P Lodwick, High Street, Lampeter, Dyfed
Mr Burt, Station Road,

Llandaff, North Cardiff
G Hobbs, Alan Sharpen Chemist, Hampshire
Mrs P A Alesbury, Bengeworth Pharmacy, Evesham, Worcs.
Mr G Man, Central Pharmacy, Great Yarmouth, Norfolk
Re M C Williams, The Square, Armagh, Co. Antrim.

So make sure your Crookes Coldcare units are well stocked and on display because "Effective displays, pays! — with Crookes. As one lucky winner said, "they increase sales without a doubt".



The Olympic Vitamin is running on T.V. for record breaking sales.



We are the only official supplier of vitamins and supplements to the British Olympic team. We'll be telling everyone in our TV campaign, which starts with the Winter Olympics in February.

Our packs will also feature a 'Win a free trip to the Olympics' competition. If you want to be part of the winning team, call us now.



To join in the promotion and receive free materials, call 0509 611001 Ext. 45202.

Numark launches own brand film

Numark have launched a new range of own brand advanced technology colour film which will replace the company's existing film products.

The new film offers a number of advantages, claim Numark: wider exposure latitude, greater colour accuracy, excellent sharpness and improved detail in highlights and shadows. A higher overall consistency of result, even at exposure limits, is available.

The film is available in four formats: 100 ISO in 110-24 (£1.75), 135-24 (£1.79), 135-36 (£2.15) and 200 ISO in 135-24 (£2.09).

Informative packaging incorporates the new Numark logo and emphasises film speed, format and DX coding. **Numark Management Ltd.** Tel: 0827 69269.



Rimmel run exclusive competition for independents

Rimmel are running a Vision of Spring competition exclusively with independent pharmacists for the best window or in-store display.

To enter, pharmacists must submit a photograph of their Rimmel Silks display for Spring. Showcards and a window display material is available. The best display will win £150 and all those displaying the showcard will be entered in a prize draw to win £50.

The competition opens on March 2 and the draw will be held on June 1.

The new Vision of Spring collection from Rimmel Silks features two colour stories, one with cool, pink tones and the other warm earth and coral shades.

The model advertising Rimmel Silks to consumers



is featured on the cover of C&D's *Over the Counter* supplement this month.

New for eyes are single shadows (£1.95) in Pink Opal and Amethyst and trio (£3.25) in Earth, Coral and Chestnut. For cheeks

powder blush (£2.99) comes in Silken Peach. Lips are coloured with Chintz and Silken Coral (£2.49), with toning nail polish in Rose Cashmere and Silken Coral. **Rimmel International.** Tel: 071-637 1621.

Win a Derby day

Ever Ready are offering retailers the chance to win a day out at the Ever Ready Derby on June 3.

Two winners and their guests will travel first class to the racecourse, where they will be treated to a champagne lunch and strawberry tea in the Ever Ready marquee. Twenty runners up will receive a bottle of champagne.

To enter, retailers should collect a form from their wholesaler, fill in the details and return it by March 31. The draw will be held on April 15. **(Distributors) Unichem.** Tel: 081-391 2323.

More ibuprofen

AAH Pharmaceuticals have introduced a new size ibuprofen tablet pack to their Vantage range. The 48s retail at £2.12, and are available in outers of 12 for £13.92. The POR is 42.1 per cent. **AAH Pharmaceuticals Ltd.** Tel: 0928 717070.

Dulco-lax outers

Windsor Healthcare are introducing a new outer size for Dulco-lax suppositories. The 20s pack of the 10mg suppositories is available in outers of ten from this month; the ten by 10mg and five by 5mg packs will be repackaged in outers of ten over the next two months. **Windsor Healthcare Ltd.** Tel: 0344 484448.

Scholl confusion

Scholl would like to point out that Scholl support tights (70 denier) have been renamed Scholl Lite Legs SF12, but the product remains unchanged. **Scholl Consumer Products.** Tel: 0582 482929.

Tixylix on TV

A television commercial for Tixylix starts on Monday in the Thames region. The campaign aims to reach 70 per cent of the target audience. **Intercare Products.** Tel: 0734 790345.

Dior Nets

Dior have introduced net tights with Lycra. In black or white they retail at £4.50. **Couture Marketing.** Tel: 0788 823169.

Philishave offer

Philips are offering money back on all triple-head shavers costing over £40.

From February 29 until April 25 customers purchasing the Philishave HS980 or HS975 will be able to send away for £15 cash back. Customers purchasing the HS925, HS875, HS825, HS765 or HS715 models will be entitled to £10 back. All customers have to do is fill out a coupon from the promotional leaflet, attach the till receipt and send them off.

A showcard incorporating the leaflets will be available. The promotion will be packed by a national newspaper campaign. There will also be a Philishave display competition with ten prizes to be won (details will

be mailed to pharmacists). **Philips Home Appliances.** Tel: 081-689 2166.

Ultra Mild Wash & Go

Procter & Gamble have extended their Vidal Sassoon Wash & Go range with the addition of an Ultra Mild variant, said to be particularly suitable for children.

The Ultra Mild two in one variant comes in two forms — normal conditioning and light conditioning. It comes in two sizes, 200ml (£2.17) and 300ml (£2.99). **Procter & Gamble Health & Beauty.** Tel: 0784 434422.

On TV Next Week

GTV Grampian
B Border
BSB British Sky
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television

TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

| | |
|---|--|
| Alberto One Step: | U, STV, B, G, Y, C, A, TSW, TVS, LWT & ITV |
| Benilyn cough treatments: | All areas |
| Bodyform Plus: | All areas except G, C, CTV, C4 |
| Colgate Great Regular flavour: | All areas |
| Endekay dental gum: | TV-am, Sky |
| Haliborange: | All areas except B |
| Halls Mentholyptus: | U, Y, HTV |
| Hofels Garlic Pearls: | G, Y, C, A, HTV, TSW, TT |
| Ibuleve: | C |
| Just for Men: | All areas except TTV & TV-am |
| Labello: | U, G, Y, C, TVS, LWT |
| Lanacane Creme: | HTV, TVS |
| Le Condom: | STV, G, TT, C4 |
| Mu-cron: | All areas except LWT, TTV & TV-am |
| Pure & Simple: | All except U, CTV, LWT, C4 & TV-am |
| Radian B mineral bath: | Y, C |
| Sanatogen children's vitamins: | All except GTV, Y, HTV, CTV, TTV & C4 |
| Sanatogen cod liver oil: | G, Y, HTV |
| Sanatogen multivitamins: | All except GTV, Y, HTV, CTV, TTV, C4 & TV-am |
| Sensodyne: | GTV, U, BTV, C |
| Seven Seas evening primrose oil: | TV-am |
| Seven Seas cod liver oil: | All areas |
| Silkience: | All areas |
| Sinutab: | All areas |
| Slim-Fast: | All areas |
| Solpadeine: | STV, B, G, Y, A, HTV, TTV, TT, C4 & TV-am |
| Synergie Bio Contour gel: | All areas |
| Tixylix: | TTV |
| Ultra Togs: | TV-am |
| Wrigley's Extra & Orbit: | G, A, HTV, TSW, TVS & LWT |



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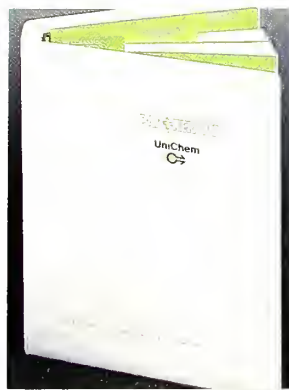
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SCRIPT SPECIALS

Gluten free Sunnyvale

Sunnyvale gluten free bread has been approved by the Advisory Committee on Borderline Substances for prescription on FP10. It is prescribable for gluten-sensitive enteropathies including steatorrhea due to gluten sensitivity, coeliac disease and dermatitis herpetiformis.

The bread is a mixed grain loaf made with organically grown ingredients, using the sourdough process which is said to ensure a longer life without preservatives or additives. It will keep for six months in the original sealed package, in cool, dry conditions. Once opened it should be consumed within five days. **Everfresh Natural Foods.** Tel: 0296 25333.

EPO and breast pain

Women should not self medicate for breast pain with OTC evening primrose oil products, advise Searle. Their POM Efamast, which has been on the market for over a year, contains gamolenic acid and is indicated for cyclical and non cyclical mastalgia.

Searle say OTC products are not the correct dosage and contain less active ingredients than Efamast.

They have produced PMS symptom charts, for women to use to identify the changes their bodies experience throughout the monthly cycle. Plotting the charts for three months can illustrate a cyclical pattern of mood swings, food cravings, bloating and breast discomfort and pain. Women can then take the charts to their GPs and get help, say Searle.

Copies of the chart are available by writing to: **Simon Howard**, at **Searle Pharmaceuticals**.

Livial shortage

Organon regret that they are unable to meet the demand for Livial. They expect to rectify the problem at the end of March. In the interim single packs will be supplied. There is also a limited emergency stock for repeat prescriptions. **Organon Laboratories Ltd.** 0223 423445.

Videne distribution

3M Health Care have transferred the distribution of Videne powder 15g to **Beta Medical Ltd.** Tel: 0629 582198.

Kabi co-promotion

Kabi Pharmacia have signed co-promotion agreements for two incontinence products. These are Desmospray, made by Ferring, and Farmitalia Carlo Erba's recently launched Cystrin. Kabi's medical representatives will be providing additional sales support for the products. **Kabi Pharmacia Ltd.** Tel: 0908 661101.

Nizoral shelf life

Nizoral (ketoconazole) shampoo now has a shelf life of three years, say **Janssen. Janssen Pharmaceuticals Limited.** Tel: 0235 772966.

Transiderm-Nitro

Transiderm-Nitro patches will in future be supplied in paper and not foil pouches. **Ciba-Geigy Pharmaceuticals.** 0403 50101.

Sodium Valproate

Cox are offering special introductory prices on their uncoded sodium valproate 200mg enteric coated tablets. Further information from **Cox Pharmaceuticals.** Freephone 0800 373573.

Maxepa marketing

The responsibility for the marketing of Maxepa capsules and liquid will be transferred from Duncan Flockhart to **Innovex Medical**, and responsibility for its distribution to **Seven Seas**, from March 1. Trade inquiries should be addressed to **Seven Seas** and questions about the product to **Innovex Medical**, say **Glaxo Laboratories Ltd.** Tel: 081-990 9444.

Medical Matters

Oxybutynin: no worries

Oxybutynin is very different from terodiline and there is no reason for prescribers or patients to be worried about its side-effects, says Dr Joel Sanderson of Medimark Services.

Speaking at a meeting organised by Farmitalia Carlo Erba last week, Dr Sanderson said that since the withdrawal of terodiline last year following reports of serious cardiac adverse effects, many patients were not being given drug therapy. Yet oxybutynin differs from terodiline chemically, pharmacologically and epidemiologically. Its most often reported side-effect is dry mouth.

Drugs such as oxybutynin are useful in the treatment of detrusor instability when used in conjunction with bladder retraining, said GP **Eleanor Clarke**.

Christine Norton, professional

development officer for the Association for Continence Advice, said that it is important for pharmacists to be aware of management options for incontinence. An increasing number of pharmacists were joining the Association, a trend she would like to encourage. "Community pharmacists are at the forefront of spotting people with problems, and they are accessible. They have a role in displaying information and products because this will help to raise public awareness of incontinence," said Mrs Norton.

● An umbrella organisation to link the various continence associations in the UK is due to be launched later this year. Known as the Continence Foundation, it will be funded in part by the Department of Health.

UVISTAT'S TURNOVER IS UP 16%.



When the market was in decline, we were on the rebound: a 16% increase in sales value over a year and consistent growth over 3 years. It's not that surprising when you consider the product. Uvistat has pioneered

a range of sun creams and lotions which give you the broadest spectrum protection available.

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sively through the pharmacy.

So you could be on a lot of people's shopping lists this year. Especially when they've seen the £1 million worth of national advertising, PR and direct mail.

Before you turn over the

page, contact your territory manager for more details and the special pharmacy bonus deals for the 1992 season. Just call 0344 484448.



UVISTAT

THE GENTLE ART OF SUN CONTROL

Nielsen Consumer Data. Total all outlets, sales value 12 months ending August 1991

Pharmacyupdate

Diarrhoea: short term treatment

A three day course of antibiotics is all that is required to eradicate most cases of traveller's diarrhoea, according to research from the United States.

More than 200 adults who developed diarrhoea in Mexico were randomised to placebo or treatment with ofloxacin 300mg twice daily for three or five days. Diarrhoea was defined as four or more episodes within 24 hours, together with fever, abdominal discomfort or urgency; people who were vomiting were excluded. Samples were cultured for bacterial pathogens before and after treatment and subjects recorded progress in symptom diaries.

The illness completely resolved after five days in 90 per cent of subjects given ofloxacin, compared with 71 per cent of those given placebo. Deterioration occurred in 7 per cent and 21 per cent of subjects respectively. The differences between the courses of ofloxacin were not significant although the three-day course appeared to achieve a more favourable response, halving the average duration of diarrhoea to 28 hours compared with placebo. A longer course of treatment is therefore unnecessary.

Ofloxacin was effective in subjects with proven infection by *Shigella*, enterotoxigenic *E. coli* and in cases of colitis due to

invasive bacteria.

Minor adverse reactions were reported by 5 per cent of subjects and included sleep disorder and nausea, causing two people to withdraw from treatment.

The quinolones are appropriate for treating gastrointestinal infections because of their activity against *Campylobacter*, *Shigella* and *Salmonella*. They are concentrated in the gastrointestinal tract and can be taken in a convenient twice daily dose — ofloxacin's half-life of six hours may even permit a single daily dose — a useful advantage for holidaymakers.

Antimicrobial Agents and Chemotherapy 1992; 36:87-91



Unnecessary NSAIDs

Despite a wider awareness of the risks of NSAIDs in the elderly, recent evidence suggests they are still being prescribed needlessly.

A total of 500 emergency admissions to two acute wards for the elderly were reviewed. Of these, 65 patients (13 per cent) were taking NSAIDs, mostly ibuprofen and naproxen. This group contained relatively more women, fewer very old people, and they were more likely to be taking other drugs. However, their social circumstances and the duration of hospital stay were similar to those of non-users.

Adverse effects or conditions potentially aggravated by treatment (heart failure, dyspepsia, anaemia, peptic ulcer) precipitated hospital admission in one fifth of patients taking NSAIDs. Although more than half said they were taking NSAIDs for arthritis, seven (11 per cent) did not know why they were taking these drugs and they denied any problems with mobility.

Rheumatological diagnoses were confirmed in all but 11 patients during their stay in hospital but withdrawal of NSAIDs produced no symptoms requiring intervention in one third. Of the remainder, NSAIDs were restarted in 14 per cent of cases and the rest received alternative treatments including analgesics, physiotherapy and local injections. Of the 38 people discharged without NSAID treatment, 29 were not taking them at follow-up. Of the nine who restarted treatment, one did so after receiving a repeat prescription despite having no symptoms; another despite preferring paracetamol alone and two did so without knowing why.

This survey, conducted in 1989 but only now reported, confirms that NSAID use in the elderly is often unnecessary and there may be an inadequate review of prescriptions. *British Journal of Rheumatology* 1992;31:45-8

Gastro-intestinal effects of erythromycin

Erythromycin is associated with nausea, bloating, discomfort and other adverse gastro-intestinal effects in approximately 20 per cent of adults. Experiments in animals, and with subtherapeutic doses in man, have shown that erythromycin is a prokinetic agent, stimulating gastric emptying. However, it has been unclear whether it acts directly on the gastro-intestinal tract or indirectly by stimulating the release of motilin, a hormone which regulates gastric emptying and small intestinal activity.

To solve this riddle, nine healthy men were given an intravenous infusion of 500mg of erythromycin while fasting, and after a meal; gastro-intestinal activity was recorded via a manometer lying in the stomach and small intestine. Serum concentrations of motilin and erythromycin were monitored regularly, and subjects recorded gastro-intestinal symptoms every half an hour.

Erythromycin promptly increased the frequency and amplitude of stomach contractions, with a more persistent and greater effect in the fasting than in the fed state. By contrast, there was relatively little effect on the small intestine. These effects were not related to serum motilin, which was unchanged by the administration of erythromycin.

Strong stomach contractions induced during the first 30 minutes of the erythromycin infusion were associated with moderate to severe abdominal pain; other symptoms not specifically linked with intestinal activity included bloating (which was reported after food) and nausea, none of which were reported after infusion of only saline.

Therapeutic doses of erythromycin therefore exert a powerful influence on gastric motility which is more marked during fasting and is directly related to unpleasant abdominal symptoms. This is not due to a local effect, since the antibiotic was administered intravenously, nor is it due to changes in motilin levels. *Gastroenterology* 1991;101:1,488-96

Antihistamines for the common cold?

Few pharmacists would recommend antihistamines to relieve symptoms of the common cold, unless they anticipated some benefit from the sedative or anticholinergic effects of the older agents. Indeed, there is some evidence that symptoms are less troublesome with older antihistamines when they are taken orally; their effects are probably due to sedation because they are absent after intranasal administration. Studies of non-sedating antihistamines have produced conflicting results, although one demonstrated improvement in symptoms of rhinitis with terfenadine 60mg twice daily.

In the latest study, 100 adults with moderately severe cold

symptoms were given terfenadine 120mg twice daily or placebo. After three days' treatment, there were no significant differences between the groups in any of the seven cold symptoms assessed (runny nose, stuffy nose, sniffles, sneezing, postnasal drip, cough, sore throat) or overall symptom scores, whether judged by physicians' evaluations or subjects' symptom diaries. Approximately 60 per cent of subjects said they would use their medication — placebo or terfenadine — to treat cold symptoms again.

A role for histamine in cold symptoms therefore seems unlikely — or less likely than a role for placebo, at least. *Annals of Allergy* 1991;67:593-7

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A WORLD LEADER
IN SUNCARE TECHNOLOGY



"Kiss it goodbye" is to be the theme for National No Smoking Day on Wednesday, March 11. The visual impact for this, the ninth year of the campaign, is provided by a still from the well-known Casablanca scene showing Humphrey Bogart and Ingrid Bergman gazing deeply into each other's eyes, about to kiss goodbye.

The aim of the campaign is to help smokers give up the habit by offering them support and encouragement, while supplying information on the risks associated with smoking.

There will also be television coverage in the form of Yorkshire Television's "The Last Cigarette Show" — a 90-minute special for the ITV network which will coincide with the campaign. The programme will be shown on Sunday, March 8, and will feature celebrities and experts, studio discussions, reports on stop-smoking techniques and documentaries on the effects of smoking.

This year the Pharmacy Healthcare Scheme will provide each pharmacy with leaflets for customers, a campaign poster, an application form to allow participation in a window display competition, and an information booklet for the pharmacist.

Pharmacists are well placed to help those individuals who want to give up, says scheme co-ordinator Saskia Zeelenberg. She hopes that by discussing the dangers of smoking and the health benefits which come from stopping, pharmacists will be able to help their customers to give up smoking permanently.

The dangers associated with smoking are well known: figures from the Cancer Research Campaign make chilling reading. Smoking kills one person every five minutes. Lung cancer now accounts for more deaths each year than any other form of cancer, and over 90 per cent of all cases of lung cancer are caused by tobacco

smoking. Despite all the publicity drawing attention to the dangers of smoking, it seems that some smokers are hell-bent on slow self-destruction. In America a recently introduced brand of cigarettes called "Death", featuring a skull and crossbones logo, has been selling like hot cakes

Kiss It Goodbye!

smoking. Smoking is further implicated in cardio-vascular disorders such as chronic bronchitis, emphysema, and coronary heart disease. Over 300 people die each day as a result of smoking-related diseases. In addition, there is clear and growing evidence that passive smoking can have



adverse effects on the health of non-smokers. There is, therefore, a strong case for assisting individuals who genuinely wish to give up.

A major survey on smoking found that 70 per cent of all smokers have tried, at some stage, to give up — half of these have made at least three attempts. Smokers develop both a pharmacological and a psychological addiction to nicotine and experience unpleasant withdrawal symptoms when they give up cigarettes. This often accounts for the repeated failure of many smokers to quit.

The following approach may help some smokers to cope with the psycho-social problems of quitting:

- Firmly fix a "quit day".
- Arrange to quit at the same time as a friend.
- Remove all cigarettes and related products from the house, car, etc.

- Put money saved from smoking to one side as tangible proof of progress.

Something to help

However, most individuals who seek the pharmacist's help will expect something to relieve their pharmacological addiction. A variety of products are available to make the transition from smoker to non-smoker a little easier.

● **Nicotine-containing products** such as Nicorette chewing gum, Stoppers lozenges and Stubit lozenges, can help smokers to overcome their addiction by satisfying the craving for nicotine without producing the peak blood concentrations achieved by smoking.

The success of these products lies in correct usage. With Nicorette, pharmacists need to educate smokers in the correct method of chewing the gum by emphasising the need to adopt a chew-rest-chew cycle, as this ensures optimum absorption with minimal side-effects. Over-rapid chewing will lead to an increased rate of release of nicotine resulting in indigestion, acid reflux and an unpleasant taste. Used correctly each piece of gum should last between 30-45 minutes.

In order to establish whether to recommend Nicorette, pharmacists should follow the "20:20 rule". If the person smokes 20 (or more) cigarettes

per day and smokes the first one within 20 minutes of waking up in the morning, then that smoker should be referred to his or her GP for Nicorette Plus (4mg), which is still Prescription Only.

Counselling by the pharmacist will also help smokers who choose to use Stoppers or Stubit lozenges to gain maximum benefit from the products. Both Stoppers (containing 0.5mg of nicotine) and Stubit (1.1mg nicotine) are designed to release nicotine slowly. Smokers should be advised not to suck the lozenges, but to allow them to dissolve slowly in the mouth thus ensuring steady absorption through the buccal mucosa.

● **Non-nicotine containing products** such as Nicobrevin capsules, Tabmint chewing gum, Tabu Gum and Flower's menthol substitute cigarettes. Nicobrevin capsules contain a combination of ingredients which "relieve the unpleasant cravings and withdrawal symptoms experienced on giving up smoking" say the manufacturers. Nicobrevin treatment consists of a 28 day course of 46 capsules. The product has a 36 per cent share of the total market for smoking cessation products.

Aversion therapy is the principle behind Tabmint chewing gum. Each piece contains 6mg silver acetate plus co-carboxylate. The silver acetate forms a complex with mucosal cells. The presence of this complex in the mouth results in a foul taste if a cigarette is smoked. The co-carboxylate serves to increase this unpleasant taste, but does not affect normal taste response to food or drink.

Tabmint chewing gum works by "producing the aroma of tobacco without damaging health". This aroma is said to reduce the craving for cigarettes. The gum is also enriched with vitamin C.

Flowers substitute cigarettes contain menthol crystals in a plastic cigarette. The idea seems to be to give the smoker "something to do with the hands", at times when a cigarette would usually be smoked, for example after a meal.



TWO TASTY LITTLE EARNERS FROM STOPPERS

More and more people are going to be asking you for Stoppers.

That's because we've introduced two new flavours to make giving up smoking even more pleasant on the taste buds.

Stoppers are now available in Original, Chocolate Orange and Peppermint. Whatever the flavour, each tiny lozenge contains just enough nicotine to ease the craving for a cigarette, but none of the harmful resins or tar.

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STOPPERS. GIVING UP WITH TASTE.

'Always' — I'll not be loving you

I have received a letter from Procter & Gamble's pharmacy sales manager asking me to "help" them to launch "Always" into the sanpro market. After the "stab in the back" for pharmacists over the price war on Pampers, no independent pharmacist should stock "Always".

Historically, pharmacists have helped establish products. However, this is our chance to get a message across to a company.

Anil Gudka
Harrow

Base statistics?

With reference to your article in the February 1st edition headed — Pharmacies "too small" — a report by Keynote on Retail Pharmacists. The top five brands sold in independent pharmacies excluded the "Number One" branded analgesic in independent pharmacies — Solpadeine.

The latest Nielsen data shows that Solpadeine clearly out sold every other branded analgesic, taking a 15.7 per cent sterling share to December 1991.

Andrew C.L. Sturton
Trade co-ordinator controller, Sterling Health

Whaling — a view from Iceland

I just recently came across your January 11 issue. In it was a letter from Mr Espley, in which he opposes the decision made by Iceland to leave the International Whaling Commission.

This decision taken by Icelandic authorities is by no way a decision to start whaling. It was based purely on the fact that the IWC is no longer the scientific forum it used to be. It is now governed by member nations, in many cases, which have never participated in whaling or fishing, and have joined the commission just to oppose whaling at all costs. While I oppose whaling, I fully agreed to the decision to leave the Commission.

Traditionally the British market has been one of the major market for Icelandic fish products. Unilever buys Icelandic fish oil for its margarine industry and Seven-Seas buys cod liver oil from Iceland.

For these examples taken here, it is evident that it will be difficult to avoid Icelandic products in Britain. But the bottom line is, that no decision what so ever has been taken to start whaling again in Iceland.

Jon Thorsteinsson
Iceland

FHSA's could do better, says Consumers' Association

While the majority of family health services authorities are making an effort to provide patients with information about doctors, that information is sometimes inadequate, according to the Consumers' Association.

A survey published in the February issue of *Which? Way to Health*, found improvements compared to a similar survey from 1990.

Of the 99 FHSA's who replied to the CA's questionnaire, 94 per cent produce a directory of available GPs. Six had not done so despite the Government setting an April 1990 deadline. Some 69 per cent of FHSA's said they had information about doctors' interests, an

improvement on 1990's 59 per cent.

The CA assessed 40 of the FHSA's directories and, although most were comprehensive, some lacked information. Five had no information on the GP's age and date of qualification, four did not give details of the GP's sex, and five did not have details of practice staff.

The *Which? Way to Health* report also advocated that the public should consider seeing a GP prior to registration. However, it warns, rather than the patient vetting the GP, it could work out the other way round: "If you have a long-term condition that may take up a lot of the practice's time or money, it's possible that the doctor would not accept you."

SB sponsor GCSE health booklet

Smithkline Beecham are sponsoring a GCSE resource booklet on health aimed at teaching teenagers the first principles of healthcare.

"Finding out... About you and your health" runs to 48 full colour pages and contains information on sunburn, cold sores, athlete's foot, hair problems and other items of concern to teenagers. It spells out the GPs' and pharmacists' role in maintaining good health.

Written by Dr Martin Hughes

and Dr Wendy Smith as a factual resource for students studying for GCSEs in biology, human biology, physical education and combined or integrated modular science, it is the tenth in a series published by Hobson's at £4.95.

Copies will be sent to all 7,500 schools in the UK while 1,000 copies will be available on request to pharmacists from SB Consumer Brands, SB House, Great West Road, Brentford, Middlesex TW8 9BD.



Alan Chandler, manager of external affairs at Smithkline Beecham "Finding out... About you and your health" with a GCSE student

Vespré offer swamps switchboard after C&D article

Johnson & Johnson switchboard was jammed on Valentine's Day by assistants wanting to try their new Ultra towel.

Last week's *Chemist & Druggist* contained the latest *Over the Counter* supplement for assistants which featured the Vespré Ultra on p30. The piece mentioned the trial packs of five towels with their money off vouchers available through pharmacy, and the one million free

trial packs that will shortly be available in the consumer Press.

Apparently the Johnson & Johnson switchboard was jammed by hundreds of assistants wanting to sample the product ahead of consumers. The Vespré product manager contacted *C&D* to ask if we could stem the tide of request but by then the Valentine's Day postmen had done their work delivering *C&D*!

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The problems not foreseen by pioneering community pharmacists anxious to capitalise on their hardware investment are associated with the fact that the *C&D Price Service* is a database, not an intuitive point-of-sale system in its own right.

For example, a retailer who wishes to remain competitive cannot allow *C&D's* manufacturer-recommended retail prices to overwrite the prices he offers the public, nor can a mark-up be based on *C&D's* notional trade price for a single when better case-lot buying terms have been obtained from the wholesaler.

Handling raw data derived from *C&D* is therefore a job for the PoS software, and would require substantial manual input by any independent pharmacist working alone - which is where the support of a PoS system supplier comes in. It is also why the electronic version of the *C&D Price Service* is used by most major players to keep both their own and clients' databases up to date.

The validity of the electronic service has been well proven over a long period of trials with system houses. *C&D* has co-operated during the set-up phase of most of the systems now available and many suppliers have since purchased full copies of the *C&D* data base upon entering the "live" stages of their work. This also applies to the major systems such as Unichem's Unipos which has been offering the benefits of full *C&D* updates from its launch in July 1991.

Electronic service

However, there are exceptions to most rules. One single-shop independent in London commissioned its own PoS system and software and has already been using *C&D's*

update service successfully for over a year (Pharmacy EPoS, *C&D* Feb 1).

So what does the electronic

service user receive from *C&D*? The basic update service is a weekly disk comprising all the data from the "This week's

retailer may not have regular inventory code updates.

In short, it is a powerful weapon for the independence of the independent community pharmacist - the rationale for National Pharmaceutical Association's sponsorship of the Code from the outset.

Does electronic updating offer the recipient any benefits other than obviating manual price changes? As already indicated, EAN codes are a bonus, but at present the potential time-scale advantages are only partly realised, depending upon system suppliers' efficiency and update schedules. However, trials are under way to extend updating to its maximum efficiency.

As a news weekly, *Chemist & Druggist* is geared to bringing information to its readers fast. Dramatic events occurring as late as Wednesday afternoon are reported to subscribers in the issue delivered by post on Friday morning. The Price Supplement is able to take new products and price changes up to Monday afternoon, when the week's data processing begins. This operation includes production of the data file for electronic update subscribers, which is then duplicated to disk and posted out Tuesday. Thus it is possible for those providing on-line services to update their clients at least a day before the printed version is delivered.

A further enhancement to the *C&D* service will come when each day's input by *Price Service* staff is presented as a file which can be downloaded over the telephone network. Where suppliers themselves offer a daily on-line update, this will enable data received by *C&D* on a Tuesday to be in subscribers' hands even earlier than at present. Trials for this service are in progress and there appear to be no technical problems.

The *C&D Price Service* was among the pioneers of computerisation in pharmacy, the first monthly issue produced on Extel's mainframe appearing as early as March 1973. Indeed, it could have pre-dated wholesaler on-line ordering had not the then Editor, Arthur Wright, desperately tried to secure industry agreement on a universal standard computer code for the whole of pharmacy before proceeding. Regrettably, the leading wholesalers and other interests were at that time single-minded in their quest to lock-in their customers to unique private codes. And while *C&D's* code has always been offered openly as a universal standard, it was only after NPA's intervention in 1980 that the goal was achieved through the PIP Code.

Now the wheel has come full circle, and *C&D's* subscribers are at last able to reap more of the direct benefits our 20-year investment in computer technology has to offer. The cost of these additional benefits? Just £30 extra per end-user *C&D* subscriber site when purchased through a system supplier, or £200 per site when supplied direct by post from *C&D*.

The price of everything

Can *C&D* supply the *Price List* on computer disk? For several years now the answer to that frequently-asked question has been Yes...but is that what you really want?



Price List controller Colin Simpson (foreground) and Darren Larkin enter data for the weekly price supplement, flanked by just a few company files!

changes" section of the Price Supplement. For the technically-minded, it is written in ASCII code under MS-DOS or Unix and is therefore readily accessible by any programmer.

All the product and price fields are recorded, plus numeric EAN (bar) codes where appropriate. A recent addition has been inclusion of promotional pack EAN codes whenever they can be obtained from the manufacturer.

But for many users and systems the most important code is the PIP Code (see panel). Despite having been introduced as a stop-gap code exactly 10 years ago (in February 1981) the PIP Code today plays a developing role in PoS systems, in stock management, and in order transmission.

It is via the PIP Code that most systems receive and validate the *C&D* data; PIP Code provides a tool with which to monitor stock levels of products where promotional packs are the norm (toothpaste for example), and by virtue of being published in *C&D* it is the only code which can be used to order outside a wholesaler's normal inventory or be recognised by a wholesaler from whom the

The PIP Code

The Pharmaceutical Interface Products Code (PIP Code) owes its origin to an industry-wide working party which recommended in 1981 that there should be a common computer code for pharmacy based on the *C&D Price List* code. In the interest of community pharmacists and to ensure the long-term future of the Code, copyright was shared with the National Pharmaceutical Association which became the regulatory authority, advised by a technical panel representative of PIP Code users.

Current members of the NPA's Technical Panel are:- Brian Hopkins and Chris Nicholson (proprietor pharmacists); Colin Bell (Fairscan); Jeff Thomas (Rowland & Co); Ron Salmon and Colin Simpson (*Chemist & Druggist*); Fiona Matthews (NPA information department). Mr Nicholson also represents AAH Pharmaceuticals. The chairman is Brian Dosser, NPA's PIP Code administrator.

The PIP Code is a six-digit number of which the last is a check digit (for details of calculation see *C&D Generics Supplement*). This means there are 100,000 codes available for allocation to products, packs, shade variants etc. The Technical Panel has recently decided to expand the Code to seven digits to permit every generic product to be allocated a unique code (eg each supplier's 25 pack of paracetamol tablets will have its own code). The change will also allow additional product ranges to be coded and provide users with more flexibility in allocating codes for specific purposes within their own computer systems.

To maximise compatibility, all existing six-figure PIP Codes will be preceded by a leading zero, which does not affect the check digit calculation. Seven-digit codes will appear first in the April issue of the *C&D Monthly Price List*, followed by a fully revised *Generics Supplement*. Any suppliers of generics who have not yet supplied up-to-date stock lists to *C&D* should do so immediately.

BAPW moves to justify no change on discounts

Pharmaceutical wholesalers have again responded to the "propaganda barrage" from the Pharmaceutical Services Negotiating Committee asserting they should reduce their discount thresholds.

Don Mulholland, chairman of the British Association of Pharmaceutical Wholesalers, says the service being provided by wholesalers in compliance with Glaxo's agency agreement is demonstrably more expensive than previous arrangements. "Agents' unit handling costs have risen significantly, to say nothing of management time," he says.

Agents are being reimbursed by Glaxo on a basis which assumed electronic ordering would be the norm. Verbal or written orders merely increase costs further, he says. "It is unrealistic to suggest that wholesalers should support Glaxo discounts by giving away part of their agency fee."

Since Glaxo have stated they are still operating within a fixed distribution margin of 12.5 per cent, it must be clear that the additional costs of the agency agreement must either result in reduced contractor discount or reduced operating margin for the agent. "Comments from PSNC that wholesalers are profiteering at the expense of

contractors are patently untrue," says Mr Mulholland.

It is for PSNC to ensure that the self-correcting clawback mechanism is adjusted by the appropriate amount at the forthcoming discount inquiry, he concludes.

Contractors are forecast to lose over £12 million a year, "which on the evidence before us is being retained by wholesalers," says PSNC's financial executive Mr G. Horridge.

"It is difficult for PSNC to believe that wholesalers, in agreeing to become agents for Glaxo, and negotiating an agency fee, would underestimate their costs by this amount. Wholesalers must

therefore be making some additional profit out of the discount they have taken from contractors," he says.

PSNC has agreed to meet BAPW in the near future.

■ **EC Wholesaling Directive.** Some EC and EFTA countries wish to continue to have a pharmacist designated as the "responsible person" while many others believe it unnecessary and would find it an imposition. However, the BAPW says: "The latest version of the Directive caters for both views and quite sensibly leaves it to the Licensing Authorities in each country." This was not made clear in last week's story "BAPW bites back".

Generic Intal coming?

Fison's asthma drug Intal is set to come under pressure from a generic competitor, according to a report in the *Financial Times*.

The report states that Harris Pharmaceuticals have received a licence to market a metered-dose aerosol inhaler system of the drug (sodium cromoglycate) in the UK, and have applied for licences to market it in Europe.

Norton Healthcare (formerly Harris Pharmaceuticals) have

confirmed that they have a licence and are planning to launch a generic form of Intal, but declined to comment further at present.

The *FT* report says that although Intal has been off patent for some years, generic producers have had problems designing an aerosol inhaler that will deliver the drug efficiently to the lungs. Norton, with their "considerable experience" in inhaler technology, appear to have overcome this problem.

The licence may allow them to take significant market share from Fisons, but this will depend on their ability to reach GPs and hospitals. And they may have problems on the continent because of the strength of the Intal brand name there, says the *FT*.

Colgate to buy Mennen

Colgate-Palmolive are to buy the Mennen Company, a privately-owned personal care products manufacturer, for around \$670 million.

New Jersey based Mennen is in the US deodorant and antiperspirants market. The company produces men's toiletries and also makes baby products under the Baby Magic name. However, it is Mennen's involvement in the Latin American and European markets that make it particularly attractive to Colgate, says a report in the *Financial Times*.

Boots tops for working women

Boots is the third best company in Britain for which women can work, according to a survey in the March edition of *Company* magazine.

The report, written by the magazine's careers expert, rated companies in terms of training structure, flexibility and maternity provisions. Top of the list was British Rail followed by Marks & Spencer. Others in the top 20 include Mars Confectionery at number five and ICI at number 13.

Boots employs 82,000 people of which 75 per cent are women, says *Company*. Some 22 per cent of middle managers and 17 per cent of store managers are also women. Although Boots was praised for its opportunities and career training for school leavers with A-levels, the maternity scheme was described as "disappointing given the number of women on the payroll".

ICI have 50,000 employees of which 18 per cent are women.

New number

Tom Fields Europe, who handle the Tinkerbell range, have changed the telephone number of their warehouse and despatch department to 0303 249524.

Positive discounts

A scheme has been set up by Positive Discounts to enable people who are HIV positive and in receipt of benefits to obtain discounts on a variety of goods and services from participating businesses. There are three categories of discount card, including the Countdown card, which is accepted by a large number of retailers who offer discounts ranging from 5-50 per cent. Positive Discounts, PO Box 2920, London W11 1XT.

Sunday support

The Shopping Hours Reform Council were due to present a petition with 1 million signatures in support of Sunday shopping to MPs and peers at Westminster on Friday. The "Sign Up" petition calls on politicians to commit themselves to legislative action after the general election.

Merger inquiry

An extension of time has been allowed for the Monopolies and Mergers Commission to report on the merger reference of the acquisition by AAH Holdings plc of enterprises of Medicopharma plc. The Secretary of State for Trade and Industry has agreed that the reporting period should be extended until March 20 1992.

Waverley sales reach £9m

Financial results for Waverley Pharmaceutical, who specialise in the manufacture of sterile liquid products, show an increase in sales to £9 million with a trading profit of £650,000 despite a slow third quarter.

Waverley sold Steripod, a new presentation for small volume irrigation solutions, to Seton Healthcare three months after

launching the product. The deal ensures Waverley £2.5m of deferred income over the next five years, plus a guaranteed rolling contract to continue manufacturing the product.

Chairman Brian Cromie commented: "1992 will be an important year for Waverley with the launch of a number of new branded products."

Slow pick-up from the recession is forecast

Consumer spending is expected to be some 1.5 per cent higher this year than last, but most of the recovery is likely to be delayed until the second half of the year.

Real income growth will remain low in 1992 due to the slowdown in earnings and the falling level of employment, according to the latest quarterly economic review from the

Economist Intelligence Unit.

Forecast spending growth is unlikely to exceed 3 per cent in any one year to the year 2000, and even then will rely on a reduction of the proportion of income saved to under 10.5 per cent by 1995. Inflation should remain consistently low assuming the UK remains part of the ERM mechanism.

OPD becomes pressing issue for generics

The issue of original pack dispensing needs to be resolved rapidly if generic manufacturers are to comply with the latest European Community Directive on pharmaceutical labelling and packaging, which is likely to be adopted this Summer.

Steve Stocks, chairman of the British Generic Manufacturers Association, speaking at the Association's annual dinner, highlighted the problem the industry faces over patient information leaflets, which the Directive requires to be distributed with dispensed medicines.

The bulk supply of PILs with generics — the "toilet roll approach" — putting the onus on the dispensing pharmacist to ensure distribution, was not a feasible proposition, said Mr Stocks.

"We cannot implement the Directive without OPD," he stated, and warned that time was running out if manufacturers had to put new packaging facilities in place.

With Cox Pharmaceuticals now a member of the BGMA, the Association covered 85 per cent of manufacturers, said Mr Stocks. Generics currently represent 37 per cent of all scripts by volume in the UK and 15 per cent by cost.

Generics are multi-sourced and

compete in a commodity type market. But Mr Stocks warned: "When the NHS operates a reimbursement system that encourages pharmacists to seek low prices, the inherent lack of profitability can become a downward spiral in prices."

While praising the much improved licensing machinery at the Medicines Control Agency, Mr Stocks was critical of the 400 per cent increase in fees generic manufacturers faced last year. The

BGMA has sought representation on the MCA similar to that of the ABPI.

Turning to patent law, the BGMA does not want to see patent protection either eroded or extended to the point beyond which it becomes unreasonable.

The EC Council's position on 15 years is fair and reasonable, said Mr Stocks, but for a patent holder to make further inconsequential changes and gain a further ten years protection it is not.

Retail salaries under 5 per cent for 1992

Pay settlements for retailers are down and are forecast to drop during the year to just ahead of inflation at around 4 per cent.

For the third year running Hay Management Consultants, in their latest remuneration survey of store managers and buyers, say 1991 was difficult for retailers. The effects of the VAT increase, rising occupancy costs and the general retail downturn has caused redundancies and other cost cutting measures.

Looking back over the past three years, in 1989 pay was 1 per cent ahead of RPI, in 1990 it fell to

just over 1 per cent below the index. Last year, despite difficult conditions, pay was 4.5 per cent ahead of inflation.

Despite the gloom, Hay say retail is getting off very lightly in the recession. Redundancies have been well below general levels, attributed to the large number of part time female staff who can adapt to flexible working hours. Staff turnover levels averaged 12 per cent for store managers and 10 per cent for buyers in 1991, down on the previous two years.

Current median base pay levels
Assistant manager £12,392
Store manager £19,189
Area manager £22,503

During 1992 retailers are likely to focus on productivity, efficiency of systems and quality of service, according to Hay. All but two of the 26 major retailers in their survey have structured training programmes, and training is being stepped up, the survey suggests.

COMING EVENTS

Monday, February 24

Eastbourne Branch, RPSGB. Postgraduate Medical Centre, Eastbourne District General Hospital, 8pm. "Problems of the newborn", by Dr K. Foot.

Tuesday, February 25

Leicestershire Branch, RPSGB. Postgraduate Medical Centre, Leicester Royal Infirmary, 8pm. "Helping patients with their inhalers" by Mark Horsley, principal pharmacist.

Durham Branch, RPSGB. Northern Regional Drug and Therapeutics Centre, 8pm. "Drugs in pregnancy" by Dr J.M. Smith MRPharmS.

Oxfordshire Branch, RPSGB. Postgraduate Medical Centre, John Radcliffe Hospital, 8pm. "Traditional Chinese acupuncture in principle and practice" by Michael Baker.

Wednesday, February 26

Scottish Borders Branch, RPSGB. Education Centre, Borders General Hospital, 7.30 for 8pm. "Shared community problems — a forum for discussion" by a nurse manager from Galashiels Health Centre.

Sales up says CBI

Trade in Britain's High Streets has improved over the last six months according to the latest monthly survey from the Confederation of British Industry.

"Business in January was better than retailers had predicted, but orders placed with suppliers remain down on a year ago," says CBI chairman Nigel Whittaker. He expects annual sales growth to continue throughout February albeit at a more moderate rate.

Wholesaler's sales are expected to follow a similar pattern, despite retailers reporting their lowest stock levels since 1988.

● The retail price index for January stood at 135.6 (January 1987 = 100), a decrease of 0.1 per cent on December and an increase of 4.1 per cent since January 1991.

Licence suspensions

The Medicines Control Agency has announced that licences held by the following organisations or individuals have been suspended because of non-payment of the periodic fees (service fees) for 1991/92.

Grange Pharmaceuticals Ltd, Clifton, Bristol
M.K. Shah MPS, Enfield, Middlesex
Rima Pharmaceuticals, County Tipperary, Eire
Glidemay, Southall, Middlesex

"Continued non-payment by a minority of licence holders will increase the burden of fees on the responsible majority who have paid their fees," says the MCA.

During suspension of a licence, the covered activities (eg sale, supply, wholesaling or manufacture) are prohibited.

General practice insurance scheme with a pharmacy

A European-style general practice insurance scheme being set up in the UK plans to make use of parallel imports from a private pharmacy to cut drugs bills.

The scheme is the result of a collaboration between the Independent Doctors Forum and the French company European Family Health Care. It offers subscribers, who must already have secondary health insurance such as BUPA, PPP, Orion etc, an insurance policy covering general practice.

Dr David O'Connell, chairman of the IDF's insurance subcommittee, told C&D that EFHC will advertise, market and sell the policy. Subscribers will be given a list of participating GPs and notified of the agreed fee scale, guaranteed for two years, of which they can claim back a set percentage from EFHC.

GPs will still be able to forward patients for tests, consultant referrals and in- or out-patient hospital care with these fees covered by the patients' secondary health insurance.

The pharmacy side will come at a later stage, said Dr O'Connell, through links with a private pharmacy on Old Brompton Road

in London, currently being run by a sister company of EFHC for French people living in the UK.

"By means of parallel importing etc, they will be able to provide commonly-prescribed drugs at much cheaper rates than are currently available to our private patients at ordinary high street chemists," said Dr O'Connell in a letter to IDF members.

"We are perfectly free to recommend that our own private patients get their drugs from this source and we expect it to result in considerable savings for them."

EFHC will provide a rubber stamp of the name, address and telephone number of the pharmacy to participating GPs so they can stamp this on the back of their own prescriptions.

"If as a GP you find that this particular service is very much cheaper, you are of course free to recommend it to your patients who are not insured via EFHC."

Similar general practice insurance schemes are available in some European countries. However, none of the current UK insurance companies had expressed a firm interest in a scheme, when contacted by IDF, said Dr O'Connell.

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ONDON NW3 - Locum pharmacist required to work evenings till 7pm 2-3 days a week. Please telephone 071-794 5486. Also for one week commencing 25th April.

ONDON SE13 - Pharmacist required to work 9am-6.30pm Fridays. Tel: 081-852 6112 daytime, 081-857 6696 evenings.

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About people

Knife attack on pharmacist

A young woman pharmacist was confronted by a knifeman as she locked up the Co-op pharmacy in Stafford Street, Walsall earlier this month.

The pharmacist, who wishes to be nameless, had locked the front shop door at around 6.30pm. She then locked the rear entrance, also accessible to customers, and was about to leave when a man jumped out of bushes brandishing a knife.

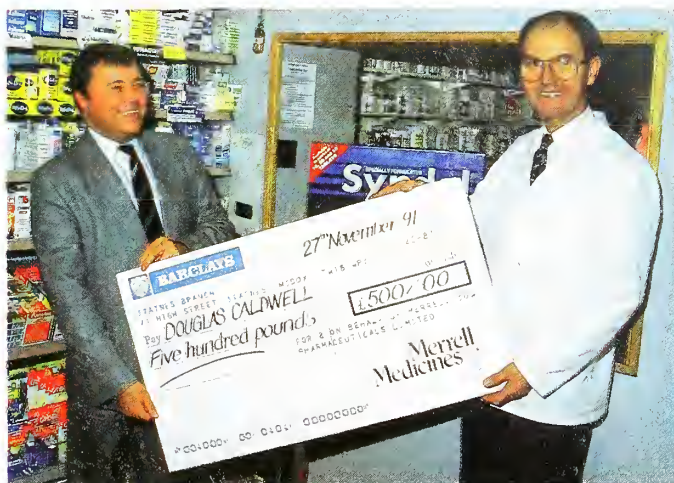
He forced her back into the shop, and at one point held a knife to her throat.

She apparently screamed at him and managed to talk him into leaving the shop, he went away and she went to her car. No money or goods were taken.

The pharmacist returned to work soon after the event — but now two staff members always leave the shop together.



Pharmacy assistant Katie Dean, of Brownhill Pharmacy, Chandlers Ford, Eastleigh, successfully completed the National Pharmaceutical Association's Staff Training Course and her course work earned her the National Student of the Month prize for November. At a presentation ceremony in the pharmacy, Katie receives her framed course certificate and £20 voucher from NPA board member Wally Dove (left) and a representative from course sponsors Marion Merrell Dow



The latest winner of the Merrell "Pay and Display" cash draw is Douglas Caldwell of Ayr (right). Mr Caldwell was presented with his £500 prize cheque by Ian Smith, senior retail representative for Marion Merrell Dow



Pharmacist Edward Boden is pictured with his wife outside Buckingham Palace after his investiture. He was made MBE for his services to the British Veterinary Association for which he was head of publications

Grants reminder

Pharmacists are being reminded that the closing date for applications for this year's Department of Health pharmacy practice research enterprise scheme is May 31.

The two types of awards are: practice research training awards providing support for the study of experimental techniques and methodologies; and practice research studentships enabling pharmacists to study for higher degrees by research with any multi-disciplinary group involved in health services based exploration.

Candidates must be qualified pharmacists, resident in England, with postgraduate experience in any sector of the profession.

Details of some of the previous, and current, grant holders have

been circulated to local branches of the Royal Pharmaceutical Society.

Research topics chosen so far have included risk benefit analysis in medicine use, the cost of hospital adverse drug reactions, and relationships between GPs and pharmacists.

Pharmacists applying for the training awards may choose to study either full or part time. Courses chosen have included a Masters in Business Administration, a Masters in Medical Science, and MScs in health promotion, healthcare, health economics and social research methods.

Application forms from: Mr G. Clarke, DoH, Room 124, Portland Court, 158-176 Great Portland Street, London W1N 5TB.

CPP elections

Four members of the College of Pharmacy Practice have been nominated for election to the College's Board of Governors.

The four — Graham Calder, Dr John Farwell, Peter Harrowing and Ian Sutcliffe — will contest the three vacant places on the Board. Results will be announced at the College Day on April 29.

Liam Stapleton has been nominated as an Associate

Representative for three years. There is still one vacancy for an Associate Representative which is for one year. Suggestions for co-option for this vacancy should be sent to the College in time for consideration by the Governors on March 10.

Anyone with queries about the election should contact Rosemary Mitchell at the CPP on 0203 692400.

Pharmacy Computer Maintenance - The Facts

By John Richardson M.R.Pharm.S. Chairman John Richardson Computers Ltd.

Computer Maintenance Charges? - the mere mention causes hackles to rise and as a pharmacist, I can understand why. But there is more to maintaining a pharmacy computer system than meets the eye. Let's look at some facts.

Unlike cut-price computer dealers, a reputable system supplier first tests the system and software before dispatch, then allows a 30-day or-return trial period of at least a month or more.

Pharmacy computers are then used intensively, and the incidence of break-down CANNOT be regarded as "average".

A dispensary printer, its print head continually whipping backwards and forwards across narrow "gummy" labels of variable quality, simply can't be compared with a printer in normal use. It is likely to need attention once or twice a year depending on script volume and labels used. Monitors, too, operating continuously eight hours a day, will rarely last more than a year or two without attention. Certain keys on the keyboard e.g. the "print" key, are hammered repeatedly and malfunction from time to time. Hard disk drives are being accessed continually whereas normally they are used less frequently only to store and retrieve large files.

In practice then, a dispensary printer is likely to need attention annually, a monitor and keyboard, every two years, and disk drive and CPU every three years. This would mean eight or nine call-outs over a three year period. Taking into account salary, car, petrol, insurance, etc. an engineer's visit today costs around £100, and the average component cost per repair some £40. This can represent a total cost of £1000+ to maintain equipment alone.

Some suppliers rely on guarantees offered by computer manufacturers; printers and modems are rarely included in such arrangements, yet both are essential to a pharmacy system. Computer manufacturers, in turn, sub-contract third party maintenance firms, where in some instances, a 24 hour call-out can mean THREE working days. Engineers rarely leave replacements if repair is impossible, nor can they resolve software and user difficulties, or help retrieve data. And if dispute arises as to whether software or hardware is at fault, the user is left without a working system until arguments are settled.

It is therefore not surprising that experienced pharmacy system suppliers either engage specialist companies to provide on-site services for them, or they provide the service themselves. In any event, an engineer

should be on-site within hours, prepared to repair or leave replacement equipment and to help recover drug and patient information as necessary.

Only 25% of problems are resolved by equipment repair; the other 75% simply need a reliable telehelp service. Telehelp staff should be familiar with dispensary routine and understand the consequences of breakdown. Unless hardware is at fault, their program knowledge should enable them to have a system working in minutes, (something computer manufacturers can never provide.)

Many telehelp calls arrive simultaneously and this, staff holidays and illness means that the smallest supplier needs to employ at least two telehelp people, with others training as replacements; it can take months, even years to acquire the knowledge and skills required to be part of a good telehelp team.

Perfect software packages are rare, as illustrated by continuing aircraft disasters, poll tax and banking errors etc. Some problems are solved quickly, others take months, with subsequent program versions being released, aiming eventually to clear all anomalies. Unfortunately, each version can develop its own problems, extending the process further. In pharmacy, alongside this "perfecting" process, there is constant pressure to add new features.

A programming team thus fights today's problems whilst continually looking to the future. All users want their particular problem or request dealt with immediately, and several programmers are needed, some working on new features, others on current problems. As power fluctuations cause problems unconnected with programming error, identifying genuine faults is often difficult, as is prioritising work; - should programmers correct problems strictly as reported, or attend to serious ones first? - and who decides what is serious? A programmer, especially a sole programmer, leaving a company can create serious difficulties unless adequate precautions have been taken. Covering for this, holidays and illness inevitably means employing several back-up programmers which can be prohibitive to smaller companies.

Product file updates are now a major part of system maintenance. It seems logical to use disk updates from wholesalers but these often relate only to products stocked by a particular wholesaler, and lack caution and interaction information. This can cause problems whilst labelling, and may restrict choice in both supply and ordering of drugs.

System Suppliers pay the NPA and C&D for the use of their PIP codes and prices, and offer an updating service, but to what extent? There is a vast difference between those using inexperienced staff merely to alter a few prices, and companies employing highly qualified people to update cautions, interactions, patient leaflet and patient counselling information. As well as PIP codes, different wholesaler codes, pack sizes and prices need correcting, as do generic prices, parallel imports, dressings and appliances etc. We will soon need to think about prescription endorsements too.

We've all heard the phrase "rubbish in - rubbish out" and know of today's calculator scenario where a wrong figure or misplaced decimal point is irrelevant to someone unfamiliar with basic maths. By the same token, unqualified staff are unlikely to spot keying errors when making changes to the product file, all of which must be carefully monitored and documented in case of subsequent query. In today's modern pharmacy, the slightest error can have drastic consequences.

A reputable supplier, rather than haggle over cost, or delay in insurance claims, will replace a full system the next day in the event of fire, theft or damage. When upgrading or transferring from one shop to another he will assist in transferring data from one machine to another. As wholesalers close or change ownership, he will amend codes and transmission routines. He will have spare equipment, and a mobile engineer ready to travel hundreds of miles if necessary, to get a system up-and-running again as quickly as possible. Ultimately, the more staff and resources available, the better his service will be. We haven't mentioned secretarial, accounting, clerical, workshop and dispatch staff yet, let alone heat, light, rent, insurance, equipment, tools etc. A reputable system supplier CAN justify maintenance charges to those prepared to listen. As charges go, pharmacy fares very well compared to those of GP, dental, accountancy or insurance systems.

As pharmacy computers now hold such vital information, an adequate (and more costly) after-sales service is imperative to ensure continuity of data. Today's rapid changes in computer technology (and lower prices) will allow users to upgrade equipment more regularly to keep abreast of improved programming techniques.

At least one major supplier prefers to be realistic about restructuring prices to reflect the future needs of the profession. Some suppliers may be kidding themselves, and their users.

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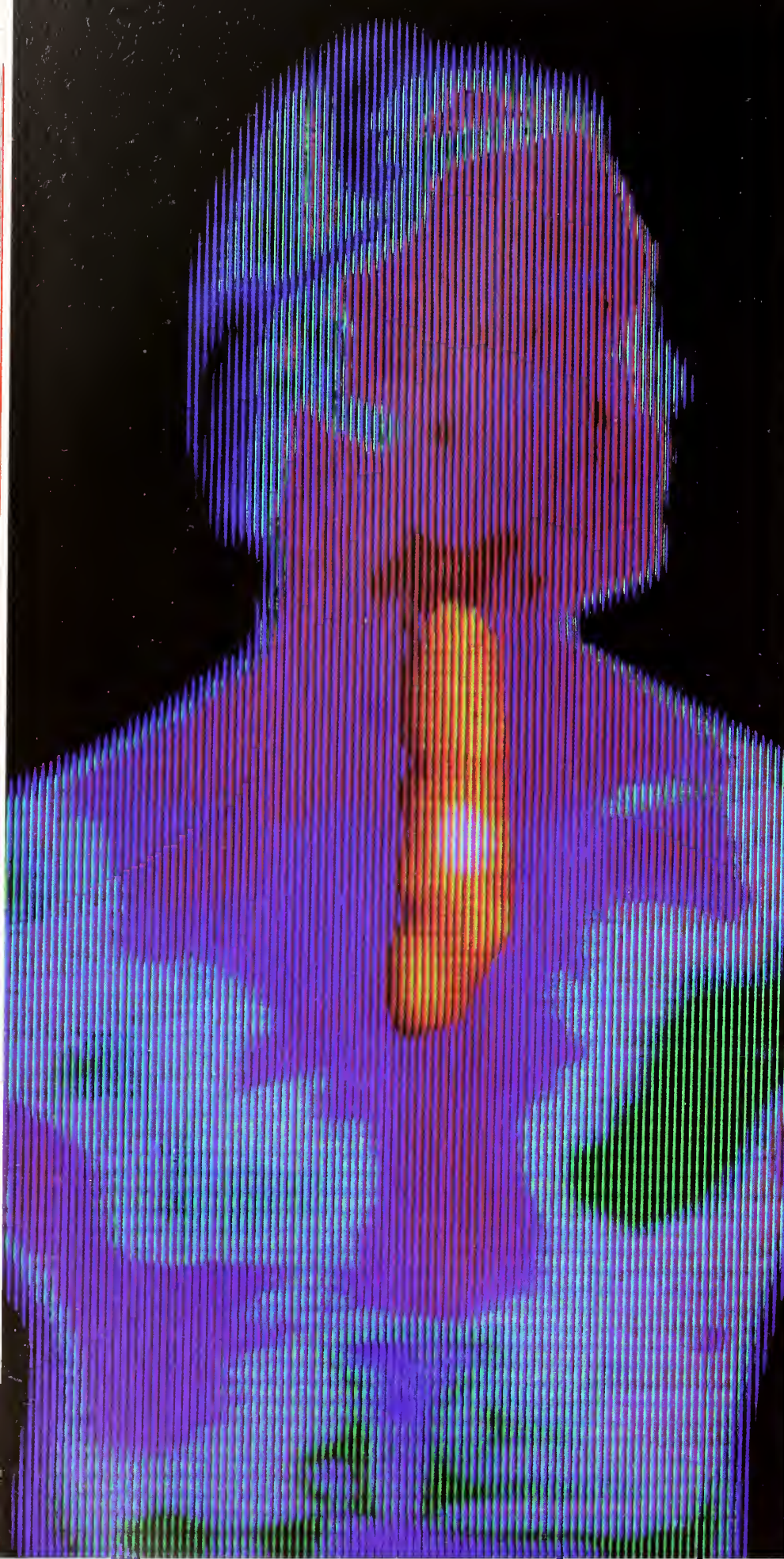
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